

**FOOD DISTRIBUTION PROGRAM**  
**P.O. BOX 498**  
**HOOPA, CALIFORNIA 95546**  
**(530) 625-4646**

**APPLICATION CHECK LIST**

Please do not submit this application until you have read it in its entirety, and have attached the required documents necessary to complete and/or process your application.

- ☐ The application form is completed. All blanks have been filled in and anything that does not apply has been left blank, or has been marked "N/A" which means not applicable.
- ☐ I have completed the application complete with appropriate social security numbers and birth dates for all members of the household.
- ☐ A current utility bill for my current residence is attached. In the event that I have not been able to submit a utility bill, I have attached a copy of a rental or lease agreement which verifies my residence.
- ☐ I have attached proof of my household income for the past thirty days. This may include but is not limited to: wages, self-employment, babysitting, room and board, per capita payments derived from gaming, rent, retirement, alimony, unemployment, worker's compensation, money received for college or training, dividends or interest, stocks or bonds, pensions, commissions, and strike benefits. Proof may include receipts, check stubs, award benefit letters, passport to services, or a bank statement for benefits that are deposited directly into your bank account.
- ☐ If I perform odd jobs to help me pay for general living expenses, I have checked the self-employment section of the application; and provided a realistic estimate of my monthly income from performing odd jobs.
- ☐ I have included zero income forms for all adults in the household that do not have any income. One form has been completed for each adult in the household, and has been completed as best as possible for the eligibility worker to determine a realistic view of our current living situation, and how we provide for our household despite not having regular income.
- ☐ I do not receive SSI or Food Stamps, and understand that I can not participate in this program if I am enrolled in the Food Stamp program or receive SSI.
- ☐ I live on a reservation; or do not and have attached verification of my membership in a federally recognized Tribe. I realize that California roll numbers and BIA (Bureau of Indian Affairs) certificate degree of Indian blood are not acceptable.
- ☐ I do not live in a city or town with a population greater than 10,000. I realize that if it is determined that I do live in a city or town with a population greater than 10,000 that I will automatically be denied benefits pursuant to programs guidelines.
- ☐ I have completed all areas of the application, and have had the opportunity to designate an "Authorized Representative" to pick-up my commodities if for some reason I am unable to pick them up myself.

## FOOD DISTRIBUTION PROGRAM YOUR RIGHTS AND RESPONSIBILITIES

### **YOUR RIGHTS:**

As a participant of the Food Distribution Program, you have a right:

- \* **To be interviewed in a timely manner, and have your application reviewed within seven (7) business days.**
- \* To be treated with courtesy, consideration and respect.
- \* To get help completing your application or any other required forms.
- \* To ask for translated forms, and ask for oral interpretation of forms if such translated forms are unavailable.
- \* To ask questions and provide information in a professional and confidential environment.
- \* To Request the opportunity for initial assessment as may be necessary to receive emergency benefits. If determined eligible for expedited services, to receive application status approval or disapproval within one (1) business day.
- \* To waive the face to face interview if circumstances allow. In a place a telephone interview may be offered, and/or other arrangements can be made with the Authorized Representative.
- \* To get written notification when your application is approved, denied, or pending, and to receive notification when benefits change or stop.
- \* To file a complaint within ninety (90) days and request a fair hearing if you dispute action taken on your application. To schedule a fair hearing, contact the Food Distribution using the bottom portion of the notice you received stating the status of your application.
- \* To refuse any unwanted food when you are filling out your food order sheet.

### **YOUR RESPONSIBILITIES:**

As a participant of the Food Distribution, you are responsible for the following:

- \* You are responsible for insuring that your application is accompanied by the required documents to determine program eligibility; and you must provide information we may require to determine your program eligibility.
- \* In some cases, you may be responsible to provide information of an individual we may contact to verify required information such as income, residency, or other information required to determine your program eligibility.
- \* You are responsible for completing your application to the best of your ability, and to ask a staff member for additional assistance in completing your application if needed.
- \* You are responsible to report any changes in income or household within ten (10) days.
- \* You are responsible to cooperate with Food Distribution and our attempts to process your application for services. In event that adequate cooperation is not achieved, your benefits may be canceled.
- \* You are responsible for providing reliable truthful information to aide Food Distribution staff in prompt processing of your application.
- \* You are responsible to insure that you do not trade or sell your own or someone else's food distribution commodities.
- \* **You are responsible for checking your order before you sign for it. Your signature indicates that the order is completed as you ordered.**
- \* You are responsible for picking up your commodities in the month you are certified for. There are not retroactive benefits.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability."

**FOOD DISTRIBUTION PROGRAM  
POST OFFICE BOX 498  
HOOPA, CA 95546  
(530) 625-4646**

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
(Must Be Signed By All Adults in Household)

I/We, \_\_\_\_\_, residing at: \_\_\_\_\_, Hereby authorize representatives from the Food Distribution Program to verify information required to process my application for services. I authorize full disclosure of information to be provided to the Food Distribution Program.

Such information required may include: Income verification from earned (wages) or unearned wages (such as Social Security, cash aid, ect.), bank accounts including loans, savings and checking accounts, account balances, insurance savings certificates, account information from the Office of Trust Fund Management of the Bureau of Indian Affairs, Tribal Gaming distributions or per capita payments. Any additional information regarding income or resources.

I further authorize any person, partnership, corporation, association, or governmental agency and tribal office processing information on such matters to release any requested information to the Food Distribution Program or authorized representative employed therein.

I understand that the information obtained by the Hoopa Food Distribution Program will be confidential and used for program purposes only. I also acknowledge that the information obtained will be used to determine initial eligibility or continuing eligibility of the above named individual(s) to receive program benefits. This information may also be used to determine statistical information to improve program effectiveness; or for enforcement purposes to determine if any Food Distribution Program regulations have been violated and enforcement proceedings are warranted.

Date	Print Name	Signature	Social Security Number
			- -
			- -
			- -
			- -

DO NOT WRITE BELOW THE DOTTED LINE

Please send us the following information to aid us in processing this application:

---

---

---

---

---

The above information may be faxed to (530) 625-4717, or returned by mail to the above address.

Please send the information to the attention of \_\_\_\_\_, Certifier Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

☐ Home☐ Work☐ Message/Cell

Physical Address: Please give directions to your home: \_\_\_\_\_

**YOUR ETHNIC HERITAGE**

You are not required to provide this information; however, we request it to help determine compliance with the Federal Civil Rights Law. We are authorized to ask this question under Title IV of the Civil Rights Act. Your answer will not be used to determine your program eligibility.

☐ Black☐ Hispanic☐ Asian☐ Pacific Islander☐ American Indian☐ Alaskan Native☐ Caucasian**HOUSEHOLD INFORMATION**

Include information on all members who you share food with; please do not forget to list yourself.

	Name	Date of Birth	Social Security #	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**AUTHORIZED REPRESENTATIVES**

The person(s) I authorize as my representatives will be allowed to pick up my commodities, and will assume full responsibility for any damages or losses. I have listed my authorized representative(s) below:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Attach Additional Pages if Necessary.

**OFFICE USE ONLY  
STAMP HERE**

Identification Verified?

☐ Yes ☐ No

AREA: \_\_\_\_\_

COUNTY: \_\_\_\_\_

Residence Verified?

☐ Provided Adequate

Proof of Residence

☐ DID NOT Provide Adequate

Proof of Residence.

Residency

☐ Resides on Reservation☐ Resides near

Reservation

Tribe: \_\_\_\_\_

Roll#: \_\_\_\_\_

Household Information

Household Size: \_\_\_\_\_

How Many Adults: \_\_\_\_\_

Zero Income Forms: \_\_\_\_\_

Completed for

Unemployed

Adults? ☐ Yes ☐ No

Authorized Representative(s) listed?

☐ Yes ☐ No



**HOUSEHOLD RESOURCES****FOR OFFICE USE ONLY**

1. Has anyone in your household received food stamps this month or last month or have a case pending? Who? \_\_\_\_\_  
Where or what County? \_\_\_\_\_  
Is anyone living in your household self-employed? (This includes working odd jobs for money). If yes, who and how much money is received per month?

YES

NO

2. Is anyone in your household employed? (If yes, attach check stub)  
Employee Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Gross Mo. Income \_\_\_\_\_

YES

NO

Attach Additional Page if Necessary

3. Does anyone in your household receive educational grants, scholarships or loans? If yes, please attach a copy of the students financial aid award letter from the school of attendance.

YES

NO

4. Does anyone receive TANF? (Temporary Aid to Needy Families) or other County issued aid for providing care to foster children?

If yes, please complete the following:

Who Receives Income? \_\_\_\_\_ Check Amount \_\_\_\_\_ How Often \_\_\_\_\_

YES

NO

5. Does anyone receive Social Security (Blue-Green check)?

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

6. Does anyone receive SSI (Supplemental Security Income; Gold Check)

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

7. Does anyone receive General Assistance?

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

8. Does anyone receive Veteran's Benefits?

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

9. Does anyone receive pensions or retirement income?

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

10. Does anyone receive unemployment, workman's compensation or disability insurance?

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

11. Does anyone receive child support or alimony?

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

12. Does anyone receive money from friends and family?

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

13. Does anyone receive money from **gaming** per-capita payments?

Who? \_\_\_\_\_ How Much? \_\_\_\_\_

YES

NO

14. Does anyone pay for child care or care for a disabled adult? How much is paid per month? \$ \_\_\_\_ Attach verification from care provider

YES

NO

15. Does anyone pay child support? \$ \_\_\_\_ mo.

YES

NO

Please attach any award letters and verification for the above questions

☐ Check monthly print out received from Humboldt Co. No one is receiving Food Stamps.

☐ Called \_\_\_\_\_ of Social Services/Welfare Phone # \_\_\_\_\_ County \_\_\_\_\_

☐ No Case History

☐ Discontinued as of \_\_\_\_\_

☐ Active Case

Gross Self Employment

Monthly Income

1 \$ \_\_\_\_\_

Monthly Business Costs

2 \$ \_\_\_\_\_

Subtract line 1 from line 2

3 \$ \_\_\_\_\_

Gross Monthly Wages and Salaries

4 \$ \_\_\_\_\_

Add line 3 and 4 enter total

5 \$ \_\_\_\_\_

Multiply line 5 by 20% and enter results

6 \$ \_\_\_\_\_

Subtract line 6 from line 5

7 \$ \_\_\_\_\_

Enter monthly amount of educational funding

8 \$ \_\_\_\_\_

Enter monthly tuition/fees

9 \$ \_\_\_\_\_

Subtract line 9 from line 8

10 \$ \_\_\_\_\_

Add line 7 and line 10

11 \$ \_\_\_\_\_

Total unearned income

12 \$ \_\_\_\_\_

Add 11 and 12 enter results

13 \$ \_\_\_\_\_

Enter deductions for child care costs or child support

14 \$ \_\_\_\_\_

Subtract line 14 from line 13

Enter Result on line 15

**NET MONTHLY INCOME**

15 \$ \_\_\_\_\_

**DO NOT MARK BELOW THIS LINE - FOR OFFICE USE ONLY**

**HOUSEHOLD INCOME LIMIT: \$**

**FOR A HH#**

**HOUSEHOLD RESOURCES (CONTINUED)****FOR OFFICE USE ONLY**

16. Does anyone have any cash on hand? If yes, Who? _____ How Much? _____	YES	NO	Total Value of Cash on Hand? _____  Resources: \$ _____  Resource Limit: (Circle) 1750      3000
17. Does anyone have a savings account? If yes, Who? _____ Account balance? _____ Financial Institution _____	YES	NO	
18. Does anyone have a checking account? If yes, Who? _____ Account balance? _____ Financial Institution _____	YES	NO	
19. Does anyone have a certificate of deposit, savings certificate, or a savings bond? If yes, Who? _____ Value? _____ Type of Resource? _____	YES	NO	
20. Does anyone have any stocks or bonds? If yes, Who? _____ Value? _____ Type of Resource? _____	YES	NO	
21. Does anyone have any other resource not listed? If yes, Who? _____ Value? _____ Type of Resource? _____	YES	NO	

I have completed this application, and certify that the information entailed in this six page application are true and correct to the best of my ability and knowledge. I understand that it is my responsibility to cooperate and provide any additional information as necessary to determine my eligibility for the Food Distribution Program. I have read the Rights and Responsibilities for the Food Distribution Program, I understand and agree to the terms contained therein.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY  
CASE DETERMINATION**

**Case #** \_\_\_\_\_

Does this case qualify for expedited service? YES NO

Is this household categorically eligible? YES NO

Application Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Date:	_____	Date:	_____
Certification Period:	_____	Reasons:	_____
	_____		_____
	_____		_____
Certifier:	_____	Certifier:	_____

Other Notes: \_\_\_\_\_